

Oklahoma Health Care Authority

Drug Utilization Review Board (DUR Board)

Meeting – June 8, 2016 @ 4:00 p.m.

Oklahoma Health Care Authority
4345 N. Lincoln Blvd.
Oklahoma City, Oklahoma 73105

AGENDA

Discussion and Action on the Following Items:

Items to be presented by Dr. Muchmore, Chairman:

1. Call to Order

- A. Roll Call – Dr. Cothran

Items to be presented by Dr. Muchmore, Chairman:

2. Public Comment Forum

- A. Acknowledgment of Speakers and Agenda Items

Items to be presented by Dr. Muchmore, Chairman:

3. Action Item – Approval of DUR Board Meeting Minutes – See Appendix A

- A. April 13, 2016 DUR Minutes – Vote
- B. April 13, 2016 DUR Recommendations Memorandum
- C. Correspondence

Items to be presented by Dr. Holderread, Dr. Muchmore, Chairman:

4. Update on Medication Coverage Authorization Unit/SoonerPsych Program Update – See Appendix B

- A. Medication Coverage Activity for April 2016
- B. Pharmacy Help Desk Activity for April 2016
- C. Medication Coverage Activity for May 2016
- D. Pharmacy Help Desk Activity for May 2016
- E. SoonerPsych Program Update

Items to be presented by Dr. Holderread, Dr. Muchmore, Chairman:

5. Action Item – Vote to Prior Authorize Zepatier™ (Elbasvir/Grazoprevir) – See Appendix C

- A. Introduction
- B. Market News and Updates
- C. Regimen Comparison
- D. College of Pharmacy Recommendations

Items to be presented by Dr. Ratterman, Dr. Muchmore, Chairman:

6. Action Item – Vote to Prior Authorize Eloctate™ [Antihemophilic Factor (Recombinant), Fc Fusion Protein], Adynovate® [Antihemophilic Factor (Recombinant), PEGylated], Alprolix® [Coagulation Factor IX (Recombinant), Fc Fusion Protein], Idelvion® [Coagulation Factor IX (Recombinant), Albumin Fusion Protein], Obizur® [Antihemophilic Factor (Recombinant), Porcine Sequence], Corifact® [Factor XIII Concentrate (Human)], Tretten® [Coagulation Factor XIII A-Subunit (Recombinant)], and Coagadex® [Coagulation Factor X (Human)], and Establish Pharmacy Provider Standards of Care – See Appendix D

- A. Introduction
- B. Recommendations
- C. Hemophilia Factor Dispensing Form
- D. Hemophilia and Other Rare Bleeding Disorders Patient In-Home Assessment

Items to be presented by Dr. Adams, Dr. Muchmore, Chairman:

7. Action Item – Vote to Prior Authorize Vaginal Progesterone Products (Crinone® and Endometrin®) and Update Makena® (Hydroxyprogesterone Caproate) Approval Criteria – See Appendix E

- A. Introduction
- B. College of Pharmacy Recommendations
- C. SoonerCare Coverage of Makena®, Crinone®, and Endometrin® - Algorithm
- D. SoonerCare Coverage of Progesterone Products - Chart

Items to be presented by Dr. Nawaz, Dr. Muchmore, Chairman:

8. Action Item – Vote to Prior Authorize Humalog® KwikPen® U-200 (Insulin Lispro), Tresiba® (Insulin Degludec), Ryzodeg® 70/30 (Insulin Degludec/Insulin Aspart), Basaglar® (Insulin Glargine), and Synjardy® (Empagliflozin/Metformin) – See Appendix F

- A. Indication(s)
- B. College of Pharmacy Recommendations

Items to be presented by Dr. Abbott, Dr. Muchmore, Chairman:

9. Action Item – Vote to Prior Authorize Entresto™ (Sacubitril/Valsartan) – See Appendix G

- A. Introduction
- B. Market News and Updates
- C. College of Pharmacy Recommendations

Items to be presented by Dr. Schmidt, Dr. Borders, Dr. Medina, Dr. Muchmore, Chairman:

10. 30-Day Notice to Prior Authorize Zytiga® (Abiraterone), Jevtana® (Cabazitaxel), Xtandi® (Enzalutamide), Xofigo® (Radium Ra 223 Dichloride), and Provenge® (Sipuleucel-T) – See Appendix H

- A. Introduction
- B. Utilization of Prostate Cancer Medications
- C. Market News and Updates
- D. Product Summaries
- E. College of Pharmacy Recommendations
- F. Utilization Details of Prostate Cancer Medications

Items to be presented by Dr. Adams, Dr. Muchmore, Chairman:

11. Annual Review of ADHD & Narcolepsy Medications and 30-Day Notice to Prior Authorize Dyanavel™ XR (Amphetamine Extended-Release), QuilliChew ER™ (Methylphenidate Extended-Release), and Adzenys XR-ODT™ (Amphetamine Extended-Release) – See Appendix I

- A. Current Prior Authorization Criteria
- B. Utilization of ADHD & Narcolepsy Medications
- C. Prior Authorization of ADHD & Narcolepsy Medications
- D. Market News and Updates
- E. Dyanavel™ XR (Amphetamine Extended-Release) Product Summary
- F. QuilliChew ER™ (Methylphenidate Extended-Release) Product Summary
- G. Adzenys XR-ODT™ (Amphetamine Extended-Release) Product Summary
- H. College of Pharmacy Recommendations
- I. Utilization Details of ADHD & Narcolepsy Medications

Non-presentation; Questions only:

12. Annual Review of Cholbam® (Cholic Acid) – See Appendix J

- A. Introduction
- B. Current Prior Authorization Criteria
- C. Utilization of Cholbam® (Cholic Acid)
- D. Prior Authorization of Cholbam® (Cholic Acid)
- E. Market News and Updates
- F. College of Pharmacy Recommendations

Items to be presented by Dr. Nawaz, Dr. Muchmore, Chairman:

13. Annual Review of Atypical Antipsychotic Medications and 30-Day Notice to Prior Authorize Rexulti® (Brexipiprazole), Vraylar™ (Cariprazine), and Aristada™ (Aripiprazole Lauroxil) – See Appendix K

- A. Current Prior Authorization Criteria
- B. Utilization of Atypical Antipsychotic Medications
- C. Prior Authorization of Atypical Antipsychotic Medications
- D. Market News and Updates
- E. Rexulti® (Brexipiprazole) Product Summary
- F. Vraylar™ (Cariprazine) Product Summary
- G. Aristada™ (Aripiprazole Lauroxil) Product Summary
- H. College of Pharmacy Recommendations
- I. Utilization Details of Atypical Antipsychotic Medications

Items to be presented by Dr. Abbott, Dr. Muchmore, Chairman:

14. Annual Review of Anthelmintic Medications and 30-Day Notice to Prior Authorize Albenza® (Albendazole) and Emverm™ (Mebendazole) – See Appendix L

- A. Background Information
- B. Utilization of Anthelmintic Medications
- C. Market News and Updates
- D. Regimen Comparison
- E. Albenza® (Albendazole) Product Summary
- F. Emverm™ (Mebendazole) Product Summary
- G. College of Pharmacy Recommendations
- H. Utilization Details of Anthelmintic Medications

Items to be presented by Dr. Abbott, Dr. Muchmore, Chairman:

15. 30-Day Notice to Prior Authorize H.P. Acthar® Gel (Corticotropin Injection) – See Appendix M

- A. Introduction
- B. Utilization of H.P. Acthar® Gel (Corticotropin Injection)
- C. H.P. Acthar® Gel (Corticotropin Injection) Product Summary
- D. College of Pharmacy Recommendations

Items to be presented by Dr. Holderread, Dr. Muchmore, Chairman:

16. Annual Review of Bowel Preparation Medications and 30-Day Notice to Prior Authorize OsmoPrep® (Sodium Phosphate Monobasic/Sodium Phosphate Dibasic), Prepopik® (Sodium Picosulfate/Magnesium Oxide/Citric Acid), Suclear® (Sodium Sulfate/Potassium Sulfate/Magnesium Sulfate/PEG-3350/Sodium Chloride/Sodium Bicarbonate/Potassium Chloride), and SUPREP® (Sodium Sulfate/Potassium Sulfate/Magnesium Sulfate) – See Appendix N

- A. Introduction
- B. Utilization of Bowel Preparation Medications
- C. Market News and Updates
- D. Bowel Preparation Medications Summary
- E. OsmoPrep® (Sodium Phosphate Monobasic/Sodium Phosphate Dibasic) Product Summary
- F. Prepopik® (Sodium Picosulfate/Magnesium Oxide/Citric Acid) Product Summary
- G. Suclear® (Sodium Sulfate/Potassium Sulfate/Magnesium Sulfate/PEG-3350/Sodium Chloride/Sodium Bicarbonate/Potassium Chloride) Product Summary
- H. SUPREP® (Sodium Sulfate/Potassium Sulfate/Magnesium Sulfate) Product Summary
- I. College of Pharmacy Recommendations
- J. Utilization Details of Bowel Preparation Medications

Items to be presented by Dr. Holderread, Dr. Muchmore, Chairman:

17. Annual Review of Various Special Formulations and 30-Day Notice to Prior Authorize Nuessa™ (Metronidazole Vaginal Gel 1.3%), Zyclara® (Imiquimod Cream), and Kristalose® (Lactulose Packets) – See Appendix O

- A. Introduction
- B. Current Prior Authorization Criteria

- C. Utilization of Special Formulations
- D. Prior Authorization of Special Formulations
- E. Nuvessa™ (Metronidazole Vaginal Gel 1.3%) Product Summary
- F. Zyclara® (Imiquimod Cream) Product Summary
- G. Kristalose® (Lactulose Packets) Product Summary
- H. College of Pharmacy Recommendations

Items to be presented by Dr. Chandler, Dr. Muchmore, Chairman:

18. Annual Review of Topical Antifungal Products and 30-Day Notice to Prior Authorize Econazole Nitrate 1% Cream and Clotrimazole 1% Solution – See Appendix P

- A. Current Prior Authorization Criteria
- B. Utilization of Topical Antifungal Products
- C. Prior Authorization of Topical Antifungal Products
- D. Market News and Updates
- E. College of Pharmacy Recommendations
- F. Utilization Details of Topical Antifungal Products

Non-presentation; Questions only:

19. Annual Review of Natpara® (Parathyroid Hormone Injection) – See Appendix Q

- A. Introduction
- B. Current Prior Authorization Criteria
- C. Utilization of Natpara® (Parathyroid Hormone)
- D. Prior Authorization of Natpara® (Parathyroid Hormone)
- E. Market News and Updates
- F. College of Pharmacy Recommendations
- G. Utilization Details of Natpara® (Parathyroid Hormone)

Items to be presented by Dr. Cothran, Dr. Muchmore, Chairman:

20. FDA and DEA Updates – See Appendix R

Items to be presented by Dr. Holderread, Dr. Muchmore, Chairman:

21. Future Business* (Upcoming Product and Class Reviews)

- A. Opioid Analgesics and Buprenorphine Products
- B. Antidepressant Medications
- C. Alzheimer's Medications
- D. Anti-Ulcer Medications
- E. Nasal Allergy Medications

**Future business subject to change.*

22. Adjournment